

DESLOGE PD

Agency:



Jeremlah W. (Jay) Nixon Governor

## Missouri Department of Health and Senior Services Breath Alcohol Program

# SIMULATOR CALIBRATION REPORT

This is to certify that the simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance to the standards set by the Rules of Missouri Department of Health and Senior Services, 19 CSR 25-30.

### **SIMULATOR INFORMATION**

Serial Number:	DR5378		TANK TOWNS				
Manufacturer:	Guth						
Model Number:	2100	HILLIAN III - See	- W-Will-				
8	CALIBRATION RESULTS						
		Reference Temperature 34.01	Simulator Temperature 34.0				
This calibration was NIST-Traceable The			58.1				
This simulator was tested by:		BML					
This testing was performed:		_10/23/201	5	a			
This certification expires:		10/23/201	6				
Signature of certifying DHSS Scientist:		B.	1-	<del></del>			
Name of certifying D	HSS Scientist	: Brian Luti	ner				



Governor

## Missouri Department of Health and Senior Services Breath Alcohol Program

# BREATH ALCOHOL SIMULATOR TEST WORKSHEET

## **Test Simulator Information**

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Agency	<u>Desloge</u>	PD		
Email for COC	promitted that	- W-2		
Serial Number:	De 5378	اد م اد م		
Manufacturer:	Gatha	LATOI  LATOI  DR5378  10/23/2015 30447 33401 C		
Model Number:	2100	ULA Ectica 10/23 3044 34.01		
NIST-Traceable Refe	rence Thermor	neter Information		This simulator has been calibrated according to DHSS specifications  SIMULATOR SERIAL NO.: DRS378  EXPIRATION DATE: 10/23/2018  DATE OF CALIBRATON: 10/23/2015  NIST REF THEM. SERIAL NO.: 304447  AVERAGE SIM TEMP.
Serial Number:	30	ED ON SERIAL DATE: TION: ERIAL NO:		
Date of Certification:	_7/	PLACEDON FRIED ACCORDING TO D A TOR SERIA A TION DATE: A TERM SERIAL NO: SIM TEMP.		
Date of Expiration:	7/	PLA PLA ATO ATIC CALE SIM. SIM.		
Test Simulator Measu	rements			ABEL PLACED OI  been callbrated according to I  SIMULATOR SERIA  EXPIRATION DATE  DATE OF CALIBRATION:  NISTREE THEM SERIAL NO  NISTREE THEM SERIAL NO  ANALYSEE SINTERED  ANALYSEE THEM SERIAL NO  ANALYSE DETAIL THEP
ſ		Reference		F LA
	Readings	Thermometer	Test Simulator	
	1	34.01	34.0	d de la
	2	34.00	34.0	HEALTH
	3	3401	34.0	
	4	3401	34.0	
	5	34.01	34.0	
Bias $(\delta_T)$ :		+0.01		
Technician performing	g testing:	BML		
hereby certify that all data sof Breath Alcohol Simulators	submitted within tl s and 19 CSR 25-3	nis form was collected in	accordance with the DHSS	S Procedure for the Testing Verification Standards.
Signature:		Section 944	Date: 10/23/1	5
Submit completed forms for :		tion to DHSS Breath Alc <u>ealth.mo.gov</u> or <u>breathai</u>		3) 840-9139 or by email at

#### www.health.mo.gov